

59th Medical Wing



59 MDW Allergy Clinic Response

U.S. AIR FORCE

Information Brief
Briefer: Col Hagan
Date: 6 Jan 2005

Integrity - Service - Excellence

Overview

- 59 MDW/CC Follow-up Issues
 - Manning
 - MEPRS
 - Coding
 - Immunization coding/billing
 - CHCS clinic note template
- Basic CAMO Rules
 - Initial Clinic Business Rules
 - Current status
- Current/Future Problem Areas
- Support Requirements from 59 MDW/SA-MM

Manning

Allergy/Immunology Staffing

Corrected Manning Document

	Authorized				Assigned					Available
Providers	Mil	GS	Total		Mil	GS	K	Total	% Staffing	
44Z3	4	0	4		4	0	0	4	100%	3/75%
Support	Mil	GS	Total		Mil	GS	K	Total	% Staffing	
46N3	1	0	1		1	0	0	1	100%	
4N0X1s	22	0	22		17	0	0	18	82%	1/100%
4A0X1	1	1	2		1	1	0	2	100%	16/73% 1/100%
043T3G	0	1	1		0	1	0	1	100%	1/100%
Total	28	2	30		23	2	0	25	83%	23/76%

4NO/4NA Available Manning

2005

January	February	March	April	May
16	17	18	15	14
73%	77%	81%	68%	64%

- 3 LVN's and 2 4A slots submitted in 2002 approved but unfunded
- Not funded again in 2004
- Only 2 "A" training slots for 2005 authorized

MEPRS

Follow-up from Step 1 Brief (con't) Corrected MEPRS Templates

- **5 staff providers were previously listed when only 3 are present**
- New MEPRS template was submitted, reviewed and approved by MS Goode and Ms Modzesky
- Monthly corrected templates are being submitted to maintain accuracy

Follow-up from Step 1 Brief (con't) Corrected MEPRS Templates: *Problems*

- MEPRS office wants to have a set template that doesn't change
 - Only have 3 people to do the MEPRS for all 4500 people assigned
- We have submitted Oct and Nov to them but they have 45 days to input the data
- As of 4 Jan, corrected data had yet to be entered for October or November

Coding

Follow-up from Step 1 Brief (con't)

Corrected Coding

- We reviewed the last (JUL 04) coding audit:
 - ICD9: 71.2%
 - CPT: 90.2%
 - E&M: 74.8%
- No discrepancies on the part of the providers (all were coder discrepancies)
 - Complicated by 3 new coders in 3 months and resultant orientation delay effects

Follow-up from Step 1 Brief (con't)

- Coders very pleased with current documentation (typed template format)
- The current template format of the AFF 600 serves as a super bill to increase feedback and education between physicians and coder
- Additional coding training of A/I staff performed on 23 Nov 04
- Reviewed and modified current practices/AFF600 templates to maximize RVU's

Follow-up from Step 1 Brief (con't)

Corrected Coding: ***Improvements***

- More appropriate wording and documentation in templates to assure:
 1. Consistent coding as a “consult”
 2. Consistent credit for A/I clinic performed spirometry, bronchoprovocation
 3. Additional physical exam documentation identified and instituted to achieve consistent 99203 (level 3) scoring
 4. Template modified to document and score patient education

Clinics/Services Reviewed									
Clinics/Services Reviewed:	Number of Records Requested	Number of Records Available	Percent of Records Available	Number Received with Encounter Documentation	Percent of Records with Encounter Documentation				
Allergy/BAB	25	25	100.00%	25	100.00%				
Outcome of Records Review - ICD-9									
<i>Diagnoses ICD-9-CM by Clinic/Service</i>									
Correct Records <i>(No ICD-9-CM Errors)</i>	#Clinic Records Audited	Percentage of Correct Records							
25	25	100.00%							
Outcome of Record Review - CPT/HCPCS									
<i>CPT/HCPCS Codes by Clinic/Service</i>									
Correct Records <i>(No CPT/HCPCS Errors)</i>	#Records Audited w/Procedures	Percentage of Correct Records							
15	17	88.24%							
E&M Errors by Clinic/Service									
Correct Records <i>(No E&M Errors)</i>	#of Records Audited	Percentage of Correct Records							
23	25	92.00%							
E&M Office Visits Codes (99201/ 99205/ 99211/ 99215)									
<i>within One Level of Determination</i>									
#Office Visits with E&M (99201-99215)	#Records with Correct Level Office Visits E&M	% Office Visits E&M is Greater Than One Level							
12	12	0.00%							

Records With Current DD Form 2569, Third Party Collection Program - Insurance Form:

0

LIST TYPES OF ERRORS:

1

Patch Test procedure not coded.

2

E/M coded with procedure when no additional service performed.

Follow-up from Step 1 Brief (con't)

Immunizations MEPRS/workload "count" or "non count"

- Immunizations are listed on manpower document forwarded to MEPRS which is forwarded to HQ, but no count in CHCS
- The problems:
 - Current workload guidelines state that you can not have a "count" visit unless a provider is directly involved with a face to face encounter
 - Other bases have POS and are billing for immunizations
 - AFCITA and CHCS do not communicate
 - Would require manually loading into CHCS, no manpower resources to do this
 - CHCS 3 will talk to AFCITA
- Lesvia Millican (HealthCare Resolution Services) is researching this issue
- Allergy Immunotherapy shots are being coded and billed for past 9 months (have devised documentation for provider contact)

Follow-up from Step 1 Brief (con't)

CHCS/Word® consult template

- Copy of CHCS/Word® consult template forwarded
 - “Standardizes” care and coding
 - Formatted to be cut and pasted into CHCS
 - 100% complete, typewritten consult provided to consulting provider within 24 hours via CHCS “MAIL”
 - Hard copy placed in chart/sent to medical records
 - Allows data to be archived on a secure common drive assessable by all allergy providers from desktop (eliminating common practice of shadow files)
 - Currently 5 years of data: standardized, available, searchable, paperless, secure, codable and electronically transferable
 - Provided data for multiple published A/I fellow research papers

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11/10/2004

59th MEDICAL WING, DEPT OF ALLERGY/IMMUNOLOGY

MEDICAL RECORDS AVAILABLE:	Yes No
REFERRING PROVIDER:	
CONSULT HISTORY:	
HISTORY OF PRESENT ILLNESS:	
REVIEW OF SYSTEMS	
NASAL SYMPTOMS:	Congestion, rhinorrhea, sneezing, <u>itching</u> of nose, mouth, ears
EYE SYMPTOMS:	Watery, itching, injection
CHEST SYMPTOMS:	Cough, wheezing. <u>Wheezes</u> <u>times</u> a week. Uses Albuterol MDI <u>times</u> a week. Wheezing at night. Wheezing with exercise.
GASTROESOPHAGEAL REFLUX SYMPTOMS:	Patient denies rising sensation of chest burning/dyspepsia
SKIN SYMPTOMS:	
SEASONS:	Spring, Summer, Fall, Winter, Perennial
DIURNAL VARIATION:	
TRIGGERS:	None. <u>dust</u> , cigarette smoke, dog, cat, odors, perfumes, temperature variations
ER VISITS:	None
HOSPITALIZATIONS:	None
INTUBATIONS:	None
STEROID BURSTS:	None
ENVIRONMENT:	Carpets, plastic mattress covers, moisture or dampness in any room, cockroaches, wood burning fireplace/heater/unvented stove/heaters
ENVIRONMENTAL CONTROLS:	None
ANIMALS:	<u>dog</u> , <u>cat</u>
ASA SENSITIVITY:	No coughing, wheezing, or shortness of breath, rhinorrhea, conjunctival irritation, urticaria or angioedema after ingesting aspirin/monsteroidals
SULFITE SENSITIVITY:	No coughing, wheezing, or shortness of <u>breath</u> , after eating shrimp, dried fruit, or processed potatoes or after drinking beer or wine.
INSECT REACTIONS:	None
FOOD REACTIONS:	None
LATEX	
HYPERSensitivity:	None
PAIN:	No significant pain reported
NUTRITIONAL HISTORY:	
Is the patient at nutritional risk?	No
Was a nutritional consult accomplished?	No
DRUG ALLERGIES:	1.
MEDICATIONS:	1.

DATE

11/10/2004

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

59th MEDICAL WING, DEPT OF ALLERGY/IMMUNOLOGY

VACCINES:	Flu: Pneumovax: Varicella:
PMMx:	
FAM HISTORY:	is negative positive for asthma, hay fever
SOCIAL HISTORY:	
OCCUPATION:	Occupational chemical exposure: none No exacerbation of asthma symptoms at work. No exacerbation of allergic rhinitis and allergic conjunctivitis symptoms at work
SMOKING:	Yes, 2 packs/day for 10 years. Quit in Never
VITAL SIGNS:	
PULSE:	
HEART RATE:	
RESPIRATORY RATE:	
BLOOD PRESSURE:	
TEMPERATURE:	
PHYSICAL EXAM:	HEENT: TM's clear, pharynx clear, nasal mucous membranes +2 edema without discharge, conjunctiva clear, neck supple without adenopathy. LUNGS: clear with good air movement. CV: RSR without murmurs or gallops
SKIN TESTING:	
Histamine	
Diluent	
Ash, White	
Birch Mix	
Box Elder/Maple	
Cottonwood	
Elm, American	
Huckleberry	
Mesquite	
Mt. Cedar	
Mulberry Mix	
Oak Mix	
Olive	
Pecan	
Sycamore	
Bahia	
Bermuda	
Johnson	
Rye	

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

11/10/2004

59th MEDICAL WING, DEPT OF ALLERGY/IMMUNOLOGY

Timothy				
Burning Bush				
Lambs Quarters				
Russian Thistle				
Pigweed/Careless				
Marshelder/Poverty				
Ragweed GSW				
Sagebrush/Mugwort				
Dock/Sorrell Mix				
Plantain, English				
Alternaria tenuis				
Aspergillus fumigatus				
Aspergillus niger				
Bipolaris				
Epicoccum				
Fusarium				
Helmintosporium				
Cladosporium				
Penicillium				
Rhizopus				
Dust Mite (Dp)				
Dust Mite (Df)				
Cat Dander				
Dog				
Cockroach				
Feathers				

**PULMONARY
FUNCTION TESTING**

DATE:

FVC

FEV1

RATIO

PEF 25-75

INTERPRETATION**LABORATORY****ASSESSMENT:**

1.

PLAN:

1.

- An electronic copy of this consult has been sent to the referring provider
- Goals and plan discussed with patient who voiced understanding and concurred.

Currently, 11 unique AFF600 templates are utilized:

Open

Look in: Templates

History My Documents Desktop Favorites My Network Places

Name	Modified
Allergy Clinic Template	8/23/2004 8:07 AM
10-EPTS Clinic	3/1/2004 4:42 PM
14-contact dermatitis	3/1/2004 4:35 PM
1-ASTHMA AND ALLERGIC RHINITIS	3/1/2004 4:36 PM
2-URTICARIA AND ANGIOEDEMA	3/1/2004 4:36 PM
3-ANAPHYLAXIS	3/18/2004 10:43 AM
4-IMMUNODEFICIENCY	3/1/2004 4:36 PM
5-CHRONIC COUGH	3/1/2004 4:36 PM
6-PRURITUS	3/1/2004 4:36 PM
7-DRUG ALLERGY	3/1/2004 4:36 PM
8-MEB	3/1/2004 4:37 PM
9-Hereditary angioedema	1/5/2004 2:55 PM
Xolair injection	6/11/2004 3:53 PM

File name: Open

Files of type: All Files Cancel

Follow-up from Step 1 Brief (con't)

CAMO

- CAMO business rules are established and went into effect 15 Nov 04

Follow-up from Step 1 Brief (con't)

CAMO : *Problems*

- As of 10 Dec, 50 new appointments had failed to be booked within 48+ hours (standard 24 hours) and were subsequently scheduled by A/I desk personnel.
- TSgt Green (POC fo CAMO) notified of problem
- This was brought up at the 9 Dec CAMO meeting and we were informed that many of the clerks were fired or quit resulting in manning shortages. Specialty clinic clerks were pulled to book primary care clinics

Follow-up from Step 1 Brief (con't)

CAMO : *Problems*

- However, the specialty clinics were **not** notified of the problem or the need to book appointments
- At 9 Dec CAMO meeting we were told it was the responsibility of the allergy clinic to monitor the performance of the CAMO clerks and fill in the gaps
- Allergy clinic will book appointments until some degree of consistency of performance is assured

Areas of Concern

Current/Future Problem Areas

RET MSGT

TREATMENT RECORD

(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)

Name of Patient (Last, First, MI)	FMP/SSN	Schedule	Vial Number								
[REDACTED] ABCD 468											
Diagnosis Allergen Extract Contents (Circle): <input checked="" type="radio"/> Tree <input type="radio"/> Grass <input type="radio"/> Weed <input type="radio"/> Mold <input type="radio"/> Dust Mite <input type="radio"/> Dog <input checked="" type="radio"/> Cat <input checked="" type="radio"/> Cockroach <input type="radio"/> IFA <input type="radio"/> Other											
Date	Sched	Concentration	Dose	Arm	Check In			Check Out			Tech Init
					Ft Init	Tach Init	Peak Flow	Time In	Time Out	Reaction/Comments	
18 Aug 04	A	1:100,000	0.05	(Left Right)	7/14e	4pm	/	1315	1345	Ø	Ø
20 Aug 04	A	1:100,000	0.15	(Left Right)	7/14e	8:30	/	1435	1505	Ø	Ø
30 Aug 04	A	1:100,000	0.25	(Left Right)	7/14e	122	/	1247	1317	Ø	Ø
9 Sept 04	A	1:100,000	0.5	(Left Right)	7/14e	10	/	1503	1533	Ø	Ø
13 Sep 04	B	1:10,000	0.05	(Left Right)	7/14e	AM	/	1240	1310	Ø	Ø
20 Sep 04	B	1:10,000	0.1	(Left Right)	7/14e	TNS	/	1305	1335	Ø	Ø
4 Oct 04	B	1:10,000	0.1	(Left Right)	7/14e	BDA	/	1252			
12 Oct 04	B	1:10,000	0.2	(Left Right)	7/14e	VIT	/	1110	1140	Ø	Ø
18 Oct 04	B	1:10,000	0.3	(Left Right)	7/14e	TNS	/	1225	1255	Ø	Ø
21 Oct 04	B	1:10,000	0.4	(Left Right)	7/14e	TNS	/	1105	1135	Ø	Ø
25 Oct 04	B	1:10,000	0.5	(Left Right)	7/14e	122	/	1240	1310	Ø	Ø
3 Nov 04	C	1:1000	0.05	(Left Right)	7/14e	10	/	1040	1113	Ø	Ø
4 Nov 04	C	1:1000	0.07	(Left Right)	7/14e	12	/	910	1010	Ø	Ø
15 Nov 04	C	1:1000	0.1	(Left Right)	7/14e	BDA	/	1420	1451	Ø	Ø
17 Nov 04	C	1:1000	0.2	(Left Right)	7/14e	12	/	1447	1520	Ø	Ø
23 Nov 04	C	1:1000	0.3	(Left Right)	7/14e	BDA	/	1045	1116	Ø	Ø
29 Nov 04	C	1:1000	0.4	(Left Right)	7/14e	BDA	/	1404	1435	Ø	Ø
2 Dec 04	C	1:1000	0.5	(Left Right)	7/14e	1220	/	1046	1146	Ø	QCD
6 Dec 04	D	1:100	0.05	(Left Right)	7/14e	BDA	/	1510	1542	Ø	Ø
8 Dec 04	D	1:100	0.07	(Left Right)	7/14e	BDA	/	1534	1606	Ø	QCD Ø
16 Dec 04	D	1:100	0.1	(Left Right)	7/14e	1200	/	1140	1220	Ø	gold BDA
21 Dec 04	D	1:100	0.15	(Left Right)	7/14e	1200	/	1214	1245	Ø	gold BDA
3 Jan 05	D	1:100	0.2	(Left Right)	7/14e	m	/	1408	1440	Ø	QCD
5 Jan 05	D	1:100	0.25	(Left Right)	7/14e	m	/	1356	1434	Ø	QCD
Date	SPECIAL INSTRUCTIONS & PROVIDER ORDERS										
17 Aug 04	P1 Notified VIT										

Allergy/Immunology Clinic Issues/Requirements

Digichart

- Digichart
 - Immunotherapy software to enhance safety, accuracy and documentation of immunotherapy injections/extracts
 - Ensures safety with photo identification, bar coding of extract vials and computer determined dosing
 - \$20,000. Cheap compared to a single misadventure and subsequent lawsuit
 - We have had 3 potentially serious dosing errors in the last several months that would have been prevented with this tool
- Need for this tool identified by a lengthy and man-hour intensive Root Cause Analysis following an immunotherapy “Near Miss” and approved by BOD in 2003

Digichart Time Table

- Digichart originally ordered in March of 2003: denied by systems due to cost and more information was requested
- 3215 was submitted for systems to see if they could write this program, systems here said they could not, was sent to Brooks who stated that they didn't have the resources to create this program
- 3215 Resubmitted due to Root Cause Analysis, BOD approved but was unfunded, was suppose to be bought with fallout monies but was not because this item was on a 3215 not 604 / 609 money
- 15 Oct 2004 per systems: waiting for funds from AETC
- Research protocol submitted utilizing DigiChart and requesting SG funding
- On 10 Nov 2004 Systems stated that they needed more information. Info provided (Not a stand alone system and POC for updates)
- 14 Dec 04: 601 submitted (as an “equipment” purchase)
- 22 Dec 04: Research protocol utilizing DigiChart rejected by SG
- 29 Dec 2004 Systems (Mr Montoya) determining if/how it can be funded

4NO/4NA Available Manning

2005

January	February	March	April	May
16	17	18	15	14
73%	77%	81%	68%	64%

- 3 LVN's and 2 4A slots submitted in 2002 approved but unfunded
- Not funded again in 2004
- Only 2 "A" training slots for 2005 authorized

Manning

- Fund the approved 3 LVN's and 2 4A civilian contracts

